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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

ANN DE BOLSTER ET AL.

SERIAL NO.: 09/989,244

FILED: November 20, 2001

ARRANGEMENT INCLUDING A REMOTE CONTROL DEVICE AND A FIRST
ELECTRONIC DEVICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Atty. Docket

PHBE 000021

GROUP ART UNIT: 2635

EXAMINER: V.U. Brown

RESPONSE UNDER 37 C.F.R. 1.116

This is in response to the Office Action mailed May 6, 2004, in which the Examiner finally rejected claims 1-4 and 7 under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent 6,160,491 to Kitao et al. in view of U.S. Patent 6,309,275 to Fong et al.; claim 5 under 35 U.S.C. 103(a) as being unpatentable over Kitao et al. in view of Fong et al., and further in view of U.S. Patent 6,130,625 to Harvey; and claim 8 under 35 U.S.C. 103(a) as being unpatentable over Kitao et al. in view of Fong et al., and further in view of U.S. Patent 6,133,847 to Yang.

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TO: EXAMINER Vernal U. Brown

EXAMINER'S TELEPHONE NUMBER 703-305-3864

ART UNIT 2635

SERIAL NO. 09/989,244

FROM: Edward W. Goodman

REGISTRATION NO. 28,613

PHILIPS INTELLECTUAL PROPERTY & STANDARDS
P.O. BOX 3001
BRIARCLIFF MANOR, NY 10510-8001
TELEPHONE: 914-333-9611
FACSIMILE: 914-332-0615

Enclosed: R116 Response + Cover

I certify that this document consisting of 16 pages (including this cover sheet) is being transmitted via telecopier to the United States Patent and Trademark Office at the telephone number set forth above on June 14, 2004.


Edward W. Goodman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Atty. Docket

ANN DE BOLSTER ET AL.

PHBE 000021

Serial No.: 09/989,244

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Examiner: V.U. Brown

Title: ARRANGEMENT INCLUDING A REMOTE CONTROL DEVICE AND A
FIRST ELECTRONIC DEVICECommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is an amendment in the above-identified
application.

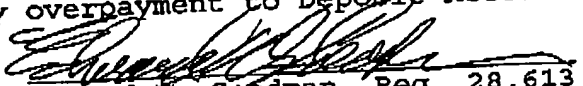
[X] No additional fee is required.

[] The fee has been calculated as shown below.

[] The fee has been calculated as shown below					
CLAIMS AS AMENDED					
	Claims remaining after amendment	Highest number previously paid for	Number extra	Rate	Additional Fee
Total Claims	7 Minus	20 ¹ =		X \$18 =	\$
Independent Claims	2 Minus	3 ² =		X \$86 =	\$
Multiple Dependent Claims, if any. If not previously paid, \$290.					\$
Total Additional fee for this amendment					= \$

¹If less than 20, enter 20. ²If less than 3, enter 3.

Please charge any fees which may be required, except the
issue fee, or credit any overpayment to Deposit Account No.
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Edward W. Goodman, Reg. 28,613
914-333-9611